

**Georgia State Board of Examiners for Certification of Water and Wastewater  
Treatment Plant Operators and Laboratory Analysts**

237 Coliseum Drive  
Macon, GA 31217-3858  
(478) 207-1460

[www.sos.state.ga.us/plb/water/](http://www.sos.state.ga.us/plb/water/)

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**APPLICATION FOR APPROVAL OF PROGRAM FOR CONTINUING EDUCATION/  
RE-CERTIFICATION POINTS, BASIC AND/OR ADVANCE TRAINING HOURS**

**INSTRUCTIONS:**

- Please type or print clearly.
- **A separate application is required for each course. YOU MAY PHOTOCOPY THIS FORM. Please DO NOT make any adjustments to this form.**
- Continuing Education/Re-certification Points are typically awarded on content and not hour for hour. The maximum number of points approved for each program is 12.
  - (1) **Direct Technical Topic – 1 point per hour.**
  - (2) **Management, Safety and Maintenance Topics** – May receive up to a maximum of 4 points unless the course is specific to operations, the Board may, in its discretion, award more points. Partial points are rounded to the nearest whole number.
- Basic Training – is approved only in blocks of 27 hours or 40 hours, as applicable.
- Advance Training – is approved only in multiples of 12 (12, 24, 36, 48) hours, as applicable.
- Continuing Education/Re-certification Program applicants must complete Part I & Part III
- Basic Training and Advance Training program applicants must complete Part I, Part II, and Part III.

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✓ **CHECK ONE:**

Continuing Education/Re-Certification \_\_\_\_\_ Basic Training \_\_\_\_\_ Advance Training \_\_\_\_\_

*Has this training course previously been approved by the Board? YES \_\_\_\_\_ NO \_\_\_\_\_*  
*If yes, please list the course approval number. \_\_\_\_\_*

Number of hours for training \_\_\_\_\_

**AND/OR**

Points for continuing education re-certification \_\_\_\_\_ for which approval is requested

<b><u>PART I - ALL APPLICANTS</u></b>
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**Name of Responsible Organization:**

\_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Name of Responsible Person:**

\_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_-

**PROGRAM TITLE:** \_\_\_\_\_

**APPLICATION FOR APPROVAL OF PROGRAM FOR CONTINUING EDUCATION/  
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**Program Training Activity:**

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Is the activity open to everyone? YES \_\_\_\_ NO \_\_\_\_

**Method of Presentation:**      ☒ **Check one**

Lecture \_\_\_\_ Panel \_\_\_\_ Workshop \_\_\_\_ Instructive Tour \_\_\_\_ Other \_\_\_\_

Explain other \_\_\_\_\_

**Objective of Program: (give statement of what you intend the participants to learn)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Program Faculty and Qualifications:**

_____	_____
_____	_____
_____	_____

**PART II – BASIC AND ADVANCE TRAINING APPLICANTS ONLY**

**The following are requirements for Basic Training and Advance Training program applications.**

- A detailed description of each instructor's qualifications and education.
- The course workbook for review by the Board. A student manual must be prepared for the classroom material.
- A breakdown of the number of hours that will be spent on each topic. Additional time and topics are encouraged. The Board only specifies the minimum number of contract hours required.
- A description of how class participation will be encouraged. Credit for participation in class discussions should be considered. If not, document how participation will be encouraged. Attendance credit should not be awarded for obvious inattentiveness.
- A statement whether periodic quizzes will be given. If periodic quizzes will be given, describe how the quizzes will be kept confidential and how they will be graded. Describe what impact on the final pass/fail determination the quiz will have.
- A description or document of how the pass/fail determination will be made. A certificate of completion should be issued only to a person who has adequately met the course requirements. Attendance participation, homework, quizzes and the final exam should all enter into the decision whether to pass or fail the student.
- Attach other information that will help the Board evaluate the course.

**PART III – SIGNATURE**

I have completed this application truthfully and accurately and agree that if this application is approved I will provide each student with a "Certificate of Completion" or an appropriate record attesting to the number of hours that person actually attended the program.

\_\_\_\_\_  
**Signature of Responsible Person**

\_\_\_\_\_  
**Date**